

**TOLER
LARSON
& ABEL_{LLP}**

1017-0012

FACSIMILE COVER SHEET

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OCT 28 2005**

DATE: October 28, 2005
TO: Examiner CARDONE, Jason D. FAX NO.: 571-273-8300
USPTO GPAU 2145
FROM: John R. Schell / *msc*
Reg. No. 50,776
RE: REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND
CHANGE OF CORRESPONDENCE ADDRESS

U.S. APP NO.: 10/057,563

FILING DATE: 01/25/2002

APPLICANT(S): Michael Primm et al.

ATTY DKT NO.: 1017-0012

TITLE: METHOD AND SYSTEM FOR A SET OF NETWORK
APPLIANCES WHICH CAN BE CONNECTED TO PROVIDE
ENHANCED COLLABORATION, SCALABILITY, AND
RELIABILITY

NO. OF PAGES (INCL. COVER SHEET): 3

MESSAGE:

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of
Correspondence Address (1 pg.)

5000 Plaza On The Lake
Suite 265
AUSTIN, TEXAS 78746

Tel: (512) 327-5515
Fax: (512) 327-5452
www.tla-law.com

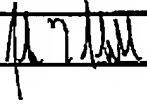
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PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/057,563	RECEIVED CENTRAL FAX CENTER OCT 28 2005
	Filing Date	01/25/2002	
	First Named Inventor	Michael Primm	
	Art Unit	2145	
	Examiner Name	CARDONE, Jason D.	
Total Number of Pages in This Submission	2	Attorney Docket Number	1017-0012-US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/83 Request for Withdrawal as Attorney or Agent and Change of Correspondence Address
Remarks Customer No. 34456		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	TOLER, LARSON & ABEL, LLP	
Signature		
Printed name	John R. Schell	
Date	10-27-05	Reg. No. 50,776

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Laura H. Andre	Date 10/28/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/58/83 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/057,563
Filing Date	01/25/2002
First Named Inventor	Michael Primm
Art Unit	2145
Examiner Name	CARDONE, Jason D.
Attorney Docket Number	1017-0012-US

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **34456**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

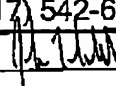
Transfer of file to another firm.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.		
Address	One Financial Center		
City	Boston	State	MA
Country	United States		
Telephone	(617) 542-6000	Fax	(617) 542-2241
Signature			
Name	John R. Schell	Registration No.	50,776
Date	10-27-05	Telephone No.	(512) 327-5515

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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